

THE LYCEUM: ALEXANDRIA'S HISTORY MUSEUM
CLIO'S KIDS: A HISTORY MINI-CAMP, JULY 18-20, 2017
APPLICATION

CAMPER INFORMATION

Participant's Name _____ Gender: M F
Birth Date (MM/DD/YYYY) ____/____/____ Age as of July 18, 2017 _____

PARENT/GUARDIAN INFORMATION

Street _____ Apt # _____
City _____ State _____ Zip Code _____
E-mail address _____

Mother's Name _____ Work/Daytime # _____
Father's Name _____ Work/Daytime # _____
Guardian's Name _____ Work/Daytime # _____

If parent or guardian cannot be reached, please contact:

1. _____ Work/Daytime # _____
2. _____ Work/Daytime # _____

MEDICAL INFORMATION

Medical Insurance: The City of Alexandria does not provide medical insurance for participants. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.

Name of Insurance or Health Care Program in which participant is enrolled:

Policy/patient # _____

Physician's name _____

Medication participant is taking: _____

Medication is treatment for: _____

Physical Restriction/Accessibility Needs: _____

Learning Problems: _____

THE LYCEUM: ALEXANDRIA'S HISTORY MUSEUM
CLIO'S KIDS: A HISTORY MINI-CAMP, JULY 18-20, 2017
MEDICAL INFORMATION (CONTINUED)

Allergies: _____

Dietary Restrictions (Snack will be provided): _____

Describe any other medical conditions of which the staff of The Lyceum should be aware.

PERMISSIONS & AGREEMENTS

I hereby release and forever discharge the City of Alexandria and the City's Office of Historic Alexandria, The Lyceum and its officers, agents, and employees from any and all actions, claims or liabilities resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned or the camp participant while participating in such programs.

Emergency Care: In the event of an emergency in which the responsible parties cannot be reached, I give permission to the staff of The Lyceum to seek appropriate medical treatment for my child. I understand that I am responsible for medical expenses incurred by my child and that The Lyceum advises I carry health insurance for my child.

Field Trip Permission: I give my permission for my child to participate in field trips during the regular camp day, supervised by staff of The Lyceum.

Photograph Release: I authorize The Lyceum and the City of Alexandria to use and reproduce photographs, film and videotape taken of my child and to circulate same for advertising and publicity purposes of all kinds.

Disciplinary Problems: I understand that The Lyceum has a policy of promptly removing children from the camp who cause disruption or fail to follow adult supervision. I understand that the registration fee will not be refunded in those circumstances.

Refunds: I understand that there are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons.

Parent/Guardian Signature _____ Date _____

PAYMENT & REGISTRATION

Fee is \$105. _____ Check payable to the City of Alexandria _____ Credit Card

Card number _____ Exp. Date _____

Authorizing Signature _____

The Lyceum, Alexandria's History Museum • 201 South Washington Street • Alexandria, VA 22314
Tel: 703-746-4994 • Fax: 703-838-4997 • www.alexandriahistory.org

THE LYCEUM: ALEXANDRIA'S HISTORY MUSEUM
CLIO'S KIDS: A HISTORY MINI-CAMP, JULY 18-20, 2017

PICK-UP AUTHORIZATION

Child's Name: _____

Authorized individuals 18 years or older must sign child in and out of camp each day.

Photographic identification is required at pick up. Children will not be released to anyone not on the Pick-Up Authorization Form. ***Be sure to put your name on the Pick-Up Authorization Form as an authorized individual even though you are the one completing the form.***

The following people are authorized to pick up my child from camp. I understand that my child will be allowed to leave with these individuals only. Photo identification will be requested at sign out.

Authorized Person's Name	Relationship to Child	Daytime Telephone Number

Name of persons NOT allowed to pick up child: _____

Date	Day	Time In	Initials	Time Out	Initials
7/29/2014	Tuesday				
7/30/2014	Wednesday				
7/31/2014	Thursday				

Parent/Guardian Signature _____ Date _____

THE LYCEUM: ALEXANDRIA'S HISTORY MUSEUM
CLIO'S KIDS: A HISTORY MINI-CAMP, JULY 18-20, 2017

Rules and Responsibilities

Children must:

- ☺ Maintain personal care (toileting, hand washing) without staff support.
- ☺ Respect others in what they say and do. Teasing and bullying are not tolerated.
- ☺ Listen to program leaders and follow directions.
- ☺ Use appropriate language.
- ☺ Keep hands to self and maintain self-control.
- ☺ Take care of their belongings.
- ☺ Use supplies in a safe and appropriate manner.
- ☺ Play safe and have fun!



Parents/Guardians must:

- ☺ Complete and submit the appropriate paperwork.
- ☺ Sign your child in and out of the program and bring proper I.D.
- ☺ Be on time to pick up and drop off your child. Camp hours are from 9 a.m. to 12 p.m. (noon) daily. **Campers may not be dropped off before 8:45 a.m. and must be picked up no later than 12:15 p.m.**
- ☺ Dress your child in clothing appropriate for the weather and sneakers every day. Sandals, wheelie shoes, flip-flops, and clogs are not permitted.
- ☺ Assist staff in resolving behavioral issues.
- ☺ Contact The Lyceum staff immediately when issues arise.
- ☺ Notify The Lyceum staff within 24 hours if a member of the household develops a communicable disease. In the case of a life threatening disease, parents must notify The Lyceum staff immediately.

Grounds for Immediate Dismissal (no refund given):

- A parent who refuses to follow policies as stated in the packet
- A child who intentionally harms him/herself or causes injury to another child or staff member
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules and Responsibilities

I have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Parent/Guardian Signature _____ Date _____